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CONFIRMATION NO. 64

SERIAL NUMBER 10/758,749	FILING DATE 01/13/2004 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKE NO. DL030
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APPLICANTS

David Leason, Chappaqua, NY;

** CONTINUING DATA *****

This application is a DIV of 09/681,509 04/18/2001 PAT 6,678,505

YTS
PR
N/A
PR

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2004 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Intervehicle communication system and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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